

Circ. Letter U.S. Pacific Off. Chief Surgeon

HEADQUARTERS

UNITED STATES ARMY FORCES, PACIFIC
OFFICE OF THE CHIEF SURGEON

CIRCULAR LETTER NO. 23

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I. MICROFILM SERVICE FOR HOSPITALS IN THE FIELD. 1. The microfilm service of the Army Medical Library, Washington, D. C., is set up to provide additional medical literature for members of the armed forces overseas, and as an aid to those engaged in scientific investigation.

2. Single reference articles from journals or publications are microfilmed on request. Requests for this service should be in duplicate and not more than fifteen references should be requested at one time in order to expedite filming. References should be numbered on the request sheet and arranged alphabetically under the title of publication. The reference should be given in this manner: Title of publication, volume, complete pagination and year, author's full name, and title of article. It is preferred that the title of the publication be listed on a separate line similar to the examples given below:

1. AMERICAN HEART JOURNAL 10:1-10, 1944

Jones, A. A., Sulfanilamide.

2. AMERICAN MEDICAL ASSOCIATION, JOURNAL 125:1-10, 1944

Smith, S., Vitamin C Studies.

3. In addition to this service a list of complete medical journals is microfilmed and sent regularly, upon request, to installations in various overseas theaters.

4. A projector with special lens suitable for projecting microfilm is authorized for hospital units of 250 or more beds. The projector (PH-222) is listed under Signal Section of T/O & E 8-560 for station hospitals, published 28 October 1944, and T/O & E 8-550 for general hospitals published 3 July 1944. Lens PH-441, one per projector, (non-standard) is authorized for hospital units of 250 or more beds in T/O & E 8-560 and in a change of T/O & E 8-550 published 28 December 1944.

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II. DENTAL REPORTS AND RECORDS. 1. Regarding C4, AR 40-1010, 10 April 1945, Monthly Report of Dental Service, W. D. AGO Form 8-98, which is the same as Form 57 MD, will be distributed when printed and will replace Form 57 as present depot stocks of the latter are depleted. Requirements of SECTION I, par 2e, (1), Circular Letter No. 2, Office of Theater Surgeon, USAFTE, 111 January 1945, will take precedence over par 2a, (8) (a), C4, AR 40-1010. Thus Section 5A, Form 57 or Form 8-98 will be completed. The diagnosis "teeth missing" as noted in par 2a, (10) (c) of C4 is only for partial dentures and bridges, as the diagnosis for full dentures is recorded under diagnoses Nos 29 and 30. par 2a, (10) and (11) C4 should be carefully noted and complied with.

2. To avoid duplication of jaw fracture diagnoses by various hospitals through which such patients may pass in the chain of evacuation, it is requested that the provisions of par 5b, (5), C3, AR 40-1010, 1 February 1945, be complied with.

III. DISTRIBUTION OF PUBLICATIONS. 1. It has been noted that surgeons of major commands, sections and bases have been making further distribution of publications forwarded to their headquarters by the Chief Surgeon, AFMAC, and the Chief Surgeon, AFWESTAC. Attention is invited to letter GSMD 461.6, Central Medical Records Office, Office of the Chief Surgeon, Headquarters, USASOS (AFWESTAC), dated 1 October 1944, subject: "Distribution of Printed Matter", in which it was stated that all bulletins of the U. S. Army Medical Department or publications produced for the Medical Department in SWPA would be forwarded by the Chief Surgeon, USASOS, (AFWESTAC) directly to all surgeons and commanders of medical units. No further redistribution is necessary for copies of such publications.

2. All circular letters and technical memoranda are currently being distributed as follows: Advance distribution by safehand courier or WD Essential Air Mail to major command, section and base surgeons; by airmail to other surgeons and medical unit commanders.

3. The Bulletin of the U. S. Army Medical Department, one copy of which is to be delivered to each Medical, Dental, Veterinary and Sanitary Corps officer, is distributed on a pro rata basis as copies become available through split shipments from the United States. Surgeons and medical unit commanders should make further distribution of these only to officers within their staff section offices or units.

IV. LOCAL ANESTHETIC AGENTS. 1. Attention is invited to WD Technical Bulletin (TB Med) No 43, 18 May 1944, dealing with the use of local anesthetic agents.

2. The above reference limits the use of local anesthetic agents as to type of agent, regions of the body to which applicable, dosage and types of installations in which permitted.

3. It is suggested that commanders concerned remove from stock and destroy all nupercaine or preparations of nupercaine, except nupercainol ointment as supplied by the manufacturer in tubes.

V. OPHTHALMIC PATHOLOGY. 1. For many years the Army Institute of Pathology (formerly Army Medical Museum) has maintained a registry of ophthalmic pathology for the benefit of ophthalmologists who do not have facilities for histopathologic preparation of surgical specimens, particularly enucleated eyes. Much valuable information has been obtained and many scientific papers have been based on this material.

2. Although one of the largest collections of ophthalmic pathology in the world has been accumulated through this service, it is deficient in gross and histopathologic specimens of war injuries. To help overcome this deficiency, there have been forwarded from the European Theater of Operations nearly 200 eyes for study and incorporation in the collection. A preliminary report on the important pathology of war wounds from these specimens is now being prepared but the collection is not sufficient for an exhaustive study of this type of injury. A request has been made for the material from this theater to augment that available from Europe.

3. Provision has been made for collecting specimens of ocular pathology at the 19th General Medical Laboratory, APO 565, for shipment to the Army Institute of Pathology in Washington, D.C. It is requested that all surgeons give their whole-hearted support to the project. Specimens may be mailed direct to the laboratory at APO 565.

4. If desired for the hospital or for the records of the individual ophthalmologist, the Army Institute of Pathology will return a complete gross and histopathologic report together with the two microscopic slides of the specimen. The specimen becomes the property of the Institute.

5. Enucleated eyes should be placed in approximately 500 cc 10% formalin solution ($\frac{1}{10}$ formaldehyde) for at least forty-eight (48) hours. At the end of this time they may be removed from the large jar required for fixation and placed in a small vial or container filled with 10% formalin solution in order to reduce the bulk for mailing. It is particularly desired that foreign bodies be left in situ and that no incisions or dissections be made of these specimens.

6. Each specimen should be accompanied by a complete history. This should include the nature of the injury, the form of treatment, including any attempts to use a magnet for removal of foreign bodies, whether there is any indication of sympathetic ophthalmia, the nature of the treatment, including prior operation and all information of value in connection with the specimen as a museum exhibit and as an important aid in interpreting gross and histopathologic findings.

DISTRIBUTION A (MD)

By War Department Essential Air Mail to major command, section and base surgeons. By mail to all other surgeons and commanders of medical units.

THIS CIRCULAR LETTER IS A CONTINUATION OF THE SERIES OF 22 CIRCULAR LETTERS ISSUED IN 1945 BY OFFICE OF THE THEATER SURGEON, HQ USLEFE.

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